SUMMARY OF EXISTING CAPITAL OUTLAY LEASES

1) Agency Name:	2) Agency Code:
3) Name of Person to Contact about this Form:	
4) Contact Person's Telephone Number and E-mail Address:	

(5) Project Title	(6) Project Description	(7) Name of Lessor	(8) Time Period		(9) Annual Lease Payments		(10) Property Acquisition?
			Effective Date	Duration of Lease	Fund Source	\$ Amount	